

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Holmes et al.

Serial No.: 10/708,717

Filed: 03/19/2004

For: OMNI VOLTAGE DIRECT
CURRENT POWER SUPPLY

)
) **Customer No.:** 29000

)
) **Confirmation No.:** 2716

)
) **Group Art Unit:** 2838

)
) **Examiner:** R. B. Patel

)
) **Office Action dated:**

)
) July 30, 2007
)

Mail Stop RCE/AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 CFR § 1.114
EXPEDITED PROCEDURE
EXAMINING GROUP 2838**

AMENDMENT OR RESPONSE AFTER FINAL REJECTION — TRANSMITTAL

Transmitted herewith are: 1) Amendment and Response After Final Action (37 CFR § 1.114) and 2) Request for Continued Examination for this application.

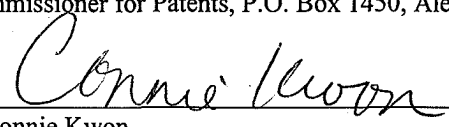
- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(4)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input checked="" type="checkbox"/> \$60.00	<input type="checkbox"/> \$120.00
2 months	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$450.00
3 months	<input type="checkbox"/> \$510.00	<input type="checkbox"/> \$1,020.00
4 months	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$1,590.00

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted via electronic filing (EFS-Web) on the date shown below to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

October 31, 2007
Date of Transmission


Connie Kwon

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.
- ☒ Extension fee due with this Request \$60.00.
- ☐ **NO ADDITIONAL EXTENSION FEE IS REQUIRED.**

FEES FOR CLAIMS:

- ☒ Applicant claims small entity status under 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	40	-	40	=	0	x	\$50.00	\$0.00
Independent Claims	4	-	4	=	0	x	\$210.00	\$0.00
Multiple Dependent Claims	\$370	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input checked="" type="checkbox"/> \$0.00
Request for Continued Examination								\$405.00
Extension fee								\$60.00
TOTAL FEES SUBMITTED HERewith								\$465.00

- ☐ No additional fee is required.
- ☐ A check in the amount of _____ is enclosed to cover the above fee(s).
- ☒ Charge Deposit Account No. **09-0946** in the amount of **\$465.00**.
- ☒ The Commissioner is authorized to charge Counsel's Deposit Account No. **09-0946** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **09-0946**.

Respectfully submitted,

IRELL & MANELLA LLP

By: _____

Christopher A. Vanderlaan
Reg. No. 37,747

Dated: October 31, 2007

1800 Avenue of the Stars, Suite 900
Los Angeles, California 90067-4276
(310) 277-1010

Customer Number 29000